

1. <input type="checkbox"/> No <b>2002</b> Patient Services Surcharge Obligation	2. <input type="checkbox"/> No <b>2002</b> Covered Lives Assessment Obligation	3. <input type="checkbox"/> Covered Lives Report Submitted Separately by Fund or TPA
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ANNUAL PAYOR REPORT

NEW YORK STATE DEPARTMENT OF HEALTH  
**2002 PUBLIC GOODS POOL**  
REPORT OF PATIENT SERVICES PAYMENT AND SURCHARGE OBLIGATIONS  
FOR THE JANUARY 1 THROUGH DECEMBER 31, \_\_\_\_\_ REPORT YEAR

PAYOR NAME	_____	FEDERAL TAX ID #	_____
TPA NAME (if applicable)	_____	TPA FEDERAL TAX ID #	_____

WHOLE DOLLARS ONLY

DESCRIPTION A	INPATIENT HOSPITAL B	OUTPATIENT HOSPITAL(2) C	FREESTANDING AMBULATORY SURGERY D	COMPREHENSIVE PRIMARY HEALTH CARE CLINIC(2) E
1. <b>2002</b> Patient Services Payments Subject to the 5.98% surcharge				
a. Current Year – <i>See Instructions</i>				
b. Prior Period Adjustment – <i>See Instructions</i>				
c. Adjusted Patient Services Payments (Line 1a plus 1b)				
d. Surcharge Liability @ 5.98% (Line 1c x 5.98%)				
2. <b>2002</b> Patient Services Payments Subject to the 8.18% Surcharge				
a. Current Year – <i>See Instructions</i>				
b. Prior Period Adjustment – <i>See Instructions</i>				
c. Adjusted Patient Services Payments (Line 2a plus 2b)				
d. Surcharge Liability @ 8.18% (Line 2c x 8.18%)				
e. Co-Payment and Deductible Surcharge Payments @ 8.18% (1)				
3. Total (Line 1d plus 2d plus 2e)				

4. Total <b>2002</b> Surcharge Obligation on Patient Service Payments (Line 3, Columns B through E). Carry forward to the Payment and Reconciliation Summary.	
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(1) Enter all surcharges the third-party payor is voluntarily remitting directly for patient co-payment and deductible payments. See instructions for additional details.

(2) Note that payments to hospital based laboratories or laboratories housed in comprehensive primary health care clinics must be reported in Column C (Hospital Outpatient Services) or Column E (Comprehensive Primary Health Care Clinic), respectively.